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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	10/630,764
	Filing Date	07-31-2003
	First Named Inventor	TSAL, Yi Li
	Title	Massaging Device Structure
	Art Unit	3764
	Examiner Name	DEMILLE, Danton D.
	Attorney Docket Number	FP8618

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Tsal Yi Li	Date	May 27, 2005
Name	TSAL, Yi Li	Telephone	
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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